

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1				
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
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18		1				
19		1				
20		1				
21		1				
22		1				
23		2				
24		1				
25		2				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32	1					
33		1				
34		1				
35		1				
36		1				
37		1				
38		2				
39		1				
40		1				
41		1				
42						
43						
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45						
46						
47						
48						
49						
50						
TOTAL		2				
TOTAL DEP.	43					
TOTAL CLAIMS	43					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
IND.						
TOTAL DEP.						
TOTAL CLAIMS						